PATENT APPLICATION FEE DETERMINATION RECORD	Application or Docket Number
Substitute for Form PTO-875	10/524604

CLAIMS AS FILED – PART I

	(Column 1)	(Column 2)	SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
FOR	NUMBER FILED	NUMBER EXTRA	RATE	FEE		RATE	FEE
BASIC FEE (37 CFR 1.16(a))				s 150	OR		s 300
TOTAL CLAIMS (37 CFR 1.16(c))	8 minus 20 =		x s 25 =		OR	x s 50 =	
INDEPENDENT CLAIMS (37 CFR 1.16(b))	1 minus 3 =		x s 100 =		OR	x s 200 =	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))			+ s 180		OR	+ s 360	MULTIPLE DEPENDENT CLAIM PRESENT
			TOTAL		OR	TOTAL	500

* If the difference in column 1 is less than zero, enter "0" in column 2.

CLAIMS AS AMENDED – PART II

AMENDMENT A		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA	SMALL ENTITY RATE	ADDI-TIONAL FEE	OR	OTHER THAN SMALL ENTITY RATE	ADDI-TIONAL FEE
5/5/06	Total (37 CFR 1.16(c))	9	Minus	20	0	x s 25 =		OR	x s 50 =	
	Independent (37 CFR 1.16(b))	1	Minus	3	0	x s 100 =		OR	x s 200 =	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+ s 180 =		OR	+ s 360 =	
						TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	

AMENDMENT B		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA	RATE	ADDI-TIONAL FEE		RATE	ADDI-TIONAL FEE
	Total (37 CFR 1.16(c))		Minus		=	x s 25 =		OR	x s 50 =	
	Independent (37 CFR 1.16(b))		Minus		=	x s 100 =		OR	x s 200 =	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+ s 180 =		OR	+ s 360 =	
						TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	

AMENDMENT C		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA	RATE	ADDI-TIONAL FEE		RATE	ADDI-TIONAL FEE
	Total (37 CFR 1.16(c))		Minus		=	x s 25 =		OR	x s 50 =	
	Independent (37 CFR 1.16(b))		Minus		=	x s 100 =		OR	x s 200 =	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+ s 180 =		OR	+ s 360 =	
						TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

PATENT APPLICATION FEE DETERMINATION RECORD Effective December 8, 2004	Application or Docket Number **10/524604**

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)	SMALL ENTITY TYPE ☐		OR	OTHER THAN SMALL ENTITY	
			RATE	FEE		RATE	FEE
U.S. NATIONAL STAGE FEES							
BASIC FEE	SMALL ENT. = $150	LARGE ENT. = $300	BASIC FEE		OR	BASIC FEE	2⁰⁰
EXAMINATION FEE	Satisfies PCT Article 33(1)- (4) = $50/$100	All other situations = $100/$200	EXAM. FEE			EXAM. FEE	2⁰⁰
SEARCH FEE	U.S. is ISA = $50/$100 ALL other countries = $200/$400	All other situations = $250/$500	SEARCH FEE			SEARCH FEE	40⁰
FEE FOR EXTRA SPEC. PGS.	minus 100 =	/50 =	X $125 =			X $250 =	
TOTAL CHARGEABLE CLAIMS	8 minus 20 =	.	X $25 =		OR	X $50 =	
INDEPENDENT CLAIMS	1 minus 3 =	.	X $100 =		OR	X $200 =	
MULTIPLE DEPENDENT CLAIM PRESENT		☐	+ $180 =		OR	+ $360 =	

* If the difference in column 1 is less than zero, enter "0" in column 2 | TOTAL | | OR | TOTAL | |

CLAIMS AS AMENDED - PART II

		(Column 1)		(Column 2)	(Column 3)	SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT A	Total	* 8	Minus	** 20	=	X $25 =		OR	X $50 =	
	Independent	* 1	Minus	*** 3	=	X $100 =		OR	X $200 =	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐	+ $180 =		OR	+ $360 =	
						TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

		(Column 1)		(Column 2)	(Column 3)	RATE	ADDI- TIONAL FEE	OR	RATE	ADDI- TIONAL FEE
		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA					
AMENDMENT B	Total	* 8	Minus	** 20	= —	X $25 =		OR	X $50 =	
	Independent	* 1	Minus	*** 3	= —	X $100 =		OR	X $200 =	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐	+ $180 =		OR	+ $360 =	
						TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than "20", enter "20".
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than "3", enter "3".
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.